



# Retail Food Establishment Inspection Report

Floyd County Health Department  
 Telephone: 812-948-4726  
 X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <b>CVS / Pharmacy #10657</b>		Telephone Number ( ) Establishment <b>812-948-8305</b> ( ) Owner	Date of Inspection (mm/dd/yr) <b>2-1-19</b>	ID # <b>18-66</b>
Establishment Address (number and street, city, state, zip code) <b>1950 State St New Albany IN 47150</b>		Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner <b>CVS Pharmacy</b>			Summary of Violations: <b>0 NC 2 R 0</b>	
Owner's Address <b>2 CVS Drive MC 1160 Woonsocket RI 02895</b>		Menu Type (See back of page) <b>N/A</b>		1 2 3 4 5
Person in Charge <b>Nance Wehner</b>				
Responsible Person's E-mail				
Certified Food Handler <b>n/a</b>				

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  
 • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
431	NC		Observed spill in drink <del>cooler</del> cooler, cleaning needed under drink racks.	3 days
			Observed sweeping needed under storage carts along north wall in back storage.	3 days
411	NC		Observed light bulb out in woman's restroom - measured light at 12 footcandles.	1 week
			Measured lighting at utility sink in back storage at 1 footcandle.	
			- 20 foot candle minimum.	
			- install light fixture, replace bulbs, or place lamp to brighten area.	1 week

Received by (name and title printed): <b>Nance Wehner Smit</b>		Inspected by (name and title printed): <b>Thomas Snider, EHS</b>	
Received by (signature): <i>Nance Wehner</i>		Inspected by (signature): <i>Thomas Snider</i>	
cc:	cc:	cc:	cc: